

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		9-21-99
O.I.P.E. CLASSIFIER	MJA	59	9-23-99
FORMALITY REVIEW	KS	61280	9-29

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
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45	✓
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48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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